



## Producer Brucellosis Testing Reimbursement Form

Producer: \_\_\_\_\_

Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

	Veterinarian	Test/vacc. reason: 1) Change of ownership 2) Movement 3) Entire herd test 4) Other (please specify)	Date tested	Accession #/ Lab Case #	Total # tested
	Clinic Name				
1	_____				
2	_____				
3	_____				
4	_____				
5	_____				

**TOTAL TESTED – ON RANCH (OR AT CLINIC)**

**TOTAL INVOICE AMOUNT**

**@ \$2.00/hd**

Please also submit a completed W-9 form if you haven't done so previously.  
(W-9 form is available on DOL or IRS website or by calling the State Veterinarian's Office at 406-444-2043)